



Kirtland Community College

Emergency Contact Form

In the event you are involved in an accident or other emergency while on campus, it may be important to you that we have on file the name(s) of the person(s) you would want to be contacted, and be able to inform responding medical personnel of any special medical condition or treatment you may require. If you wish us to have this information, please complete the items below and return this form to the appropriate office. This information shall be deleted from our records should you cease enrollment or employment at Kirtland Community College. If you then return to the college and you wish us to again have this information, you would need to resubmit this form.

Name _____ ID Number _____

Employee - Return to Human Resources Office

Student - Return to Office of Special Populations (located in the student services area in the administration building)

Primary person to be notified in case of an accident or emergency:

Name _____ Relationship: _____

Address: _____

Telephone numbers: Home: () _____
Cell: () _____
Work: () _____

Secondary person to be notified in case of an accident or emergency:

Name _____ Relationship: _____

Address: _____

Telephone numbers: Home: () _____
Cell: () _____
Work: () _____

Please list any medical conditions that we should be aware of at time of emergency: (attach additional information if necessary)

This information is confidential. It will only be used for the reasons stated above.

Signature _____ Date _____

If student is under the age of 18, a parent/legal guardian signature is required.

Parent/Legal Guardian Signature _____ Date _____